

Mayor

## CITY OF NEWTON, MASSACHUSETTS

## **Application for Fence Permit**

Permit No.:
Date Received:
Date Issued:
District No.:
Inspector:

Location:		
Zoning District:	Land Use (Commercial, Residential, etc.): _	
S/B/L:		
Owner Name (Print):		
Address:		
Telephone:		
Signature (Owner or Contractor):	Date:	
•	ected (lot line):	
	n:	
Height of fence:	Corner lot (Y/N):	
Proposed Date of Installation:	//_	
Contractor Name:	Phone:	
Address:		
	strict or wetland require further review and need atting an application for a fence permit (Sec. 20-40)	* *
Fences located along a designated ports 20-40(f)(6)).	ion of a scenic road are also subject to further regu	ılations (see Sec.
Any fence greater than 6 ft. in height w	vill also require a building permit.	
	of application) showing proposed location, lengt lot, the location of property lines, and relevant	
Commissioner of Inspectional Services	s Recommendation (or designee): (Approve)	(Deny)
Signature:	Date:	
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Inspectional Services Department John D. Lojek, Commissioner jlojek@newtonma.gov